

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515) 281-4073
www.iowa.gov/ethics

2009 DEC 30 AM 11:29

Reset Form

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Fifth Judicial District Department of Correctional Services	
Name of Department or Office 604 Locust, Suite 317	Des Moines, Iowa 50309
Mailing Address (515) 280-4220	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Marilyn Shanks, Executive Secretary	
Name	
Mailing Address (if different from above) marilyn.shanks@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Medline Industries	
Name	
Dept. CTT14400	Palatine, Ill. 60055
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

Around 12/3/2009	\$15.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof.

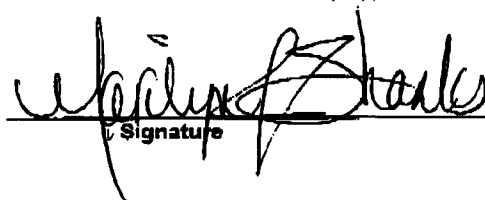
Chocolate wafer cookies which were sent by them to us via Fed-Ex. NOTE: We had no prior knowledge they were sending these, so our staff signed for the box without knowing its contents.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.


Signature

12-29-09
Date

Revised 06/08

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 DES MOINES, IA 50319
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Mailing Address (515) 280-4220	City, State, Zip Code
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Marilyn Shanks, Executive Secretary	
Name	
Mailing Address (if different from above) marilyn.shanks@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Storey Kenworthy	
Name	
309 Locust	Des Moines, IA 50308
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/21/09	\$5.00
Date of Gift or Bequest	Amount/Value
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

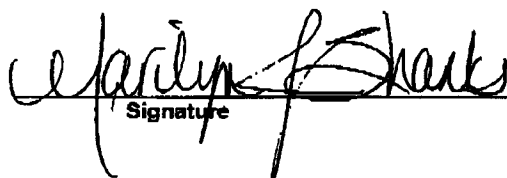
One half dozen sugar cookies that sales representative personally handed to staff who were present that day.

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